Developing a Strategic Statewide Suicide Prevention Plan

May 23, 2018 | Subcommittee Meeting Summary

Project Background. Suicide is a leading cause of death in California, for both youth and adults. More than 4,000 Californians die by suicide every year, and thousands more attempt suicide.[1] Assembly Bill 114 (Chapter 38, Statutes of 2017) authorized the Mental Health Services Oversight and Accountability Commission to develop a new, statewide strategic plan for suicide prevention in California. To develop this plan, the Commission is organizing a series of public hearings and meetings, community forums, site visits, and small group discussions to understand challenges and opportunities for the prevention of suicide.[2]

Agenda at a Glance

- Welcome and Introductions
- Survivor Story: Tatyana
- Presentation: WellSpace Health
- Open Public Discussion: Opportunities for Filling System Gaps and Building Connectedness

Meeting Overview. The second meeting of the Commission's Suicide Prevention Subcommittee was held in Sacramento, California. The aims of the meeting were to share the project objectives and to explore opportunities for filling system gaps and safely connecting people to services before, during, and after a crisis. These aims were addressed through presentations by a person with lived experience and WellSpace Health and its Suicide Prevention and Crisis Services program, as well as a facilitated discussion among meeting attendees. The contents of the presentations and group discussion are summarized below. The next Suicide Prevention Subcommittee meeting will be held on Wednesday, June 13, 2018 in San Diego.

Connecting People to Services and Providing Support.

One of the goals of the meeting was to identify ways in which people could be better connected to appropriate levels of care for preventing suicide and self-harm. Representatives from WellSpace Health in Sacramento were invited to present how they deliver proactive, comprehensive services as one way to enhance connectedness. Below is a brief overview of information presented.

Connecting Attempt Survivors to Services. The risk of a suicide attempt or death is highest within 30 days of discharge from an emergency department or inpatient psychiatric unit.[3] Furthermore, up to 70 percent of people who leave the emergency department after a suicide attempt never attend their first outpatient appointment.[4] WellSpace Health operates the *Emergency Department Follow-Up* program, which is designed to fill the gap between hospital discharge and follow-up services and treatment. The program

About WellSpace Health Suicide Prevention and Crisis Services

WellSpace Health operates the Suicide Prevention Crisis Line based out of Sacramento, California. The hotline, which is nationally accredited and a vital member of the National Lifeline network, serves Sacramento and Placer counties and many other counties in Northern California. The hotline answers calls 24 hours a day, 365 days a year. Additional services include support for survivors of suicide loss, emergency department follow-up, outreach, and training.

https://www.wellspacehealth.org/services/counseling-prevention/suicide-prevention

[1] American Foundation for Suicide Prevention. Suicide: California 2017 Facts & Figures. Accessed March 30, 2018 at http://chapterland.org/wp-content/uploads/sites/10/2016/03/California-Facts-2017.pdf.

[2] Visit http://mhsoac.ca.gov/suicide-prevention for more information about the project and the Commission's Suicide Prevention Subcommittee

[3] Knesper, D. J. (2010). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Suicide Prevention Resource Center.

[4] Ibid.

serves people being released from the hospital, with goals of preventing future suicide attempts after an emergency department visit and connecting people to community-based services for ongoing treatment and support. First contact by the program occurs within 24 hours of discharge, and services include emotional support, debriefing, risk assessment and monitoring for suicidality, and individualized safe planning. The program is currently being implemented in four counties and is showing promising outcomes.

Connecting People with Known Risk. Using a proactive approach, Wellspace Health representatives presented how two programs are delivering screening, assessment, and service connection for people at risk.

- *Primary Care Follow Up Suicide Prevention program (PCFU)*: Established in 2016, the program integrates screening for suicide risk in Primary Care Health Centers and refers people to the 24-hour crisis lines through the electronic health record, and 30 days of follow-up, risk monitoring, emotional support, resource linkage, and safety planning.
- *Men and Providers Suicide (MAPS) Study*: The MAPS Study is a three-year randomized control trial funded by the Center for Disease Control and Prevention. The study screens middle-aged men seen by UC Davis Primary Care providers for depression and suicidality and provides intervention and follow-up.[5] WellSpace Health provides study participants follow-up care and support.

Support for First Responders. Finally, presenters shared how WellSpace Health is working to support first responders - people who may interact frequently with people in suicidal crisis – with suicide prevention training and support. Two programs were highlighted:

- *POST Academy Suicide Prevention Training for Peace Officers and 911 Dispatchers*: Provides multi-media training for dispatchers and peace officers throughout California to strengthen understanding of suicide and preparation for suicidal callers.
- *Suicide Prevention and Rural Counties Intervention (SPARC)*: Engages WellSpace Health Crisis Center with first responders on suicide-related calls or 5150s, as well as providing follow-up by phone to conduct risk assessment, monitoring, emotional support, and safety planning.

Identifying Priorities.

Meeting attendees identified several priorities and areas of emphasis for a statewide strategic plan to prevent suicide. These priorities include increasing access to appropriate services for at-risk groups, sustainability, creating a comprehensive approach to suicide prevention, and strengthening data collection and reporting on suicide and suicide attempt.

Increasing Access for At-Risk Groups. Meeting attendees reiterated the need for a statewide plan to be flexible to meet diverse community needs, but recognizing and responding to groups that may be more at risk for suicide. Some of these groups highlighted by meeting attendees included older adults, people experiencing homelessness, LGBTQ youth, school-aged children, first responders, and veterans.

Older adults: One meeting attendee specifically mentioned increased isolation and lack of access to suicide prevention resources for older adults. Meeting presenters responded to this comment by highlighting how primary care providers could identify and refer older adults to services, filling this access gap.

[5] Visit https://clinicaltrials.gov/ct2/show/NCT02986113 for more information.

People Experiencing Homelessness: People, particularly youth, experiencing homelessness were identified as an underserved at-risk group with unequal access to services, in part because they do not have contact information or a consistent, reliable address – making follow-up not possible or difficult. One meeting attendee identified a need to have more training for providers to understand the unique needs of transient populations, and better methods of outreach and engagement.

LGTBQ Youth: Several meeting attendees identified LGBTQ youth and gender diverse people as having specific needs that often go unaddressed. One approach may be to include gender and sexuality education for school-aged children. Another approach specifically identified by a meeting participant was to acknowledge cultural barriers in systems and services, such as "toxic masculinity," which may prevent children from expressing non-conforming gender identity and sexual orientation and parents, educators, and peers from accepting and supporting such expressions.[6]

First Responders and Caregivers: One meeting attendee highlighted the issue of "compassion fatigue" felt by first responders - with more exposure to suicidal people, first responders may become more indifferent and less empathetic. Meeting participants identified a need for first responders to have access to supportive services and policies that reduce compassion fatigue. Caregivers were identified as a group at increased risk of depression. Caregivers often put the needs of others before themselves and put off addressing their own needs.

Mentioned at the Meeting: ThriveNYC

New York City's ThriveNYC initiative was mentioned as a comprehensive approach to improving mental health care and possibly effective suicide prevention. The initiative is built on six principles:

Change in Culture. Addressing stigma and demonstrating how everyone is a part of the solution.

Act Early. Focus on social emotional learning, youth and their relationships, and strong school and mental health collaboration.

Close Treatment Gaps. Identifying barriers to getting people the care they need and closing treatment gaps.

Partnering with Communities. Collaboration with communities and creating culturally competent solutions.

Use Data Better. Using best practices in data collection, surveys, and ongoing evaluations of initiatives.

Strengthen Government's Ability to Lead. Lead all government stakeholders towards shared objectives.

For more information:
https://thrivenyc.cityofnewyork.us/

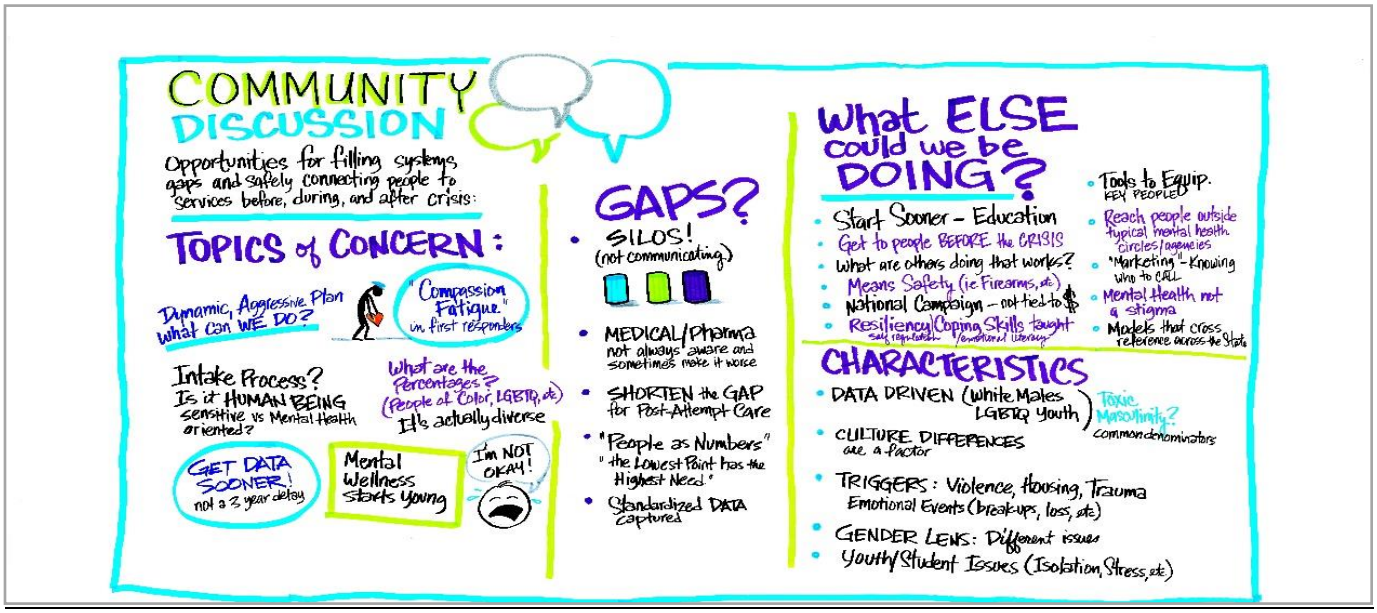
"Suicide is not just a mental health issue—it's a people issue."

Meeting attendee, on involving other systems and industries to prevent suicide

Creating a Sustainable Plan. One area of emphasis identified by meeting attendees was the need for a sustainable suicide prevention plan that does not rely on a single funding stream or department to be effective. Meeting attendees asserted throughout the meeting that suicide prevention strategies needed to be broader than mental health, and that suicide prevention should be built into research, policy, and practice across industries.

[6] The Good Men Project defines toxic masculinity as "a narrow and repressive description of manhood, designating manhood as defined by violence, sex, status and aggression. It's the cultural ideal of manliness, where strength is everything while emotions are a weakness; where sex and brutality are yardsticks by which men are measured, while supposedly "feminine" traits—which can range from emotional vulnerability to simply not being hypersexual—are the means by which your status as "man" can be taken away." For more information: https://goodmenproject.com/.

Need for a Comprehensive Strategy. Meeting attendees discussed the need to develop a comprehensive strategy to prevent suicide - beyond delivering mental health services. Priorities in this area identified by meeting attendees include having a trauma-informed plan with an explicit equity approach, broad inclusion of health care, education, and business partners, and supports at the community-level to promote social cohesion. One meeting attendee stated that people at risk for suicide may be triggered by life changes or loss, such as break-up of romantic relationship, loss of job, or death of a loved one. One presenter shared that it was changes in her physical health – during menopause – combined with not taking care of her own needs which eventually lead to several suicide attempts. It was not until she prioritized her well-being that she was able to heal.



Graphic design of the open public discussion

Data Collection and Reporting. Meeting attendees identified gaps in current data collection and reporting. The timeliness of data was highlighted as a barrier to understanding trends in suicide and impacts of programs. Meeting attendees identified challenges with the unavailability of timely data, specifically a three-year time lag between the calendar year and the year with the latest available data in data collection systems, such as those maintained by the Center for Disease Control and Prevention. Meeting attendees discussed how communities of color do not "show up in the data." Specifically, two scenarios were mentioned: (1) race/ethnicity is misidentified on death certificates, and (2) some communities are less likely to acknowledge mental health needs or circumstances that may support a determination of death as suicide by the coroner because of stigma, shame, or religious reasons. Meeting attendees asserted that enhanced data collection and reporting of suicides and suicide attempts was essential to more effective services and target limited funding.

Next Steps. The next Suicide Prevention Subcommittee meeting will be held on Wednesday, June 13, 2018. The meeting will be organized to explore planning for suicide prevention, implementation challenges and opportunities, and building in sustainability. The second public hearing will be held in fall 2018. The first draft of the strategic plan is scheduled to be released for public comment in spring 2019. For more information, including upcoming events, please visit http://mhsoac.ca.gov/suicide-prevention.